



POLICIES & PROCEDURES

INTRODUCTORY MATERIAL

This Policies and Procedures Manual is intended to serve as a guide and reference to the policies, procedures, and practices of Ennis Ambulance Service.

Ennis Ambulance Service reserves the right to modify, establish, or terminate any or all policies contained herein, whenever such action is necessary. As changes in the policies and procedures occur, or new policies are implemented, you will be notified of these changes in a timely manner.

While we attempt to provide current and valuable information, this Policies and Procedures Manual may not answer every question concerning membership policies, procedures, benefits and services. If the information needed is not contained in this Policies and Procedures Manual, you may contact the Manager or Ambulance Board of Trustees for further assistance.

It is your responsibility to read these policies and procedures, keep them conveniently available as a reference and update them so you are well informed. This Policies and Procedures Manual shall remain the property of Ennis Ambulance Service, and it must be returned if you leave the service.

Table of Contents

Policy #	Title	Page
Section 1: Introduction		
1-1	Statement of Policy	6
1-2	Mission Statement	7
1-3	Equal Membership Opportunities Policy Statement	8
1-4	Non-Harassment Policy	9
1-5	Safe Work Environment	10
1-6	Patient Rights	11
1-7	Confidentiality / Release of Information Statement	12
1-8	Care Commitment	13
Section 2: Personnel and Staff		
2-1	Credentialing / Licensure / Certification	14
2-2	Staffing and Duties, Generally	15
2-3	Stipend Incentive Program	16
2-4	On-Call	17-18
2-5	Personal Expense and Reimbursement	19
2-6	Leave of Absence	20
2-7	Conduct Policy, Generally	21 -23
2-8	Tobacco, Drug, and Alcohol Policy	24 -27
2-9	Computers, Technology, Network and Internet Use	28 -30
2-10	Gifts, Honoraria, Tipping and Gratuities	31
2-11	Dress Code	32
2-12	Attitude and Personal Behavior	33
2-13	Corrective Action	34
Section 3: Safety and Risk Management		
3-1	Overview	35 -36
3-2	Duties of Members	37

3-3 Patient Safety	38 -39
3-4 Vehicle Accidents	40 -42
3-4-1 Ambulance Mechanical Breakdowns	43
3-5 Exposure Control Plan Education	44
3-5-1 Exposure Control Plan	45 -53

Section 4: Operations

4-1 Sanitary Ambulance Policy- Interior	54
4-1-1 Sanitary Ambulance Policy- Exterior	55
4-2 Post Transport Duties	56
4-3 Medical Equipment Inspections	57
4-4 Vehicle Inspections	58
4-5 Duty to Treat and Transport / Patient Refusal	59
4-6 Drivers Training	60
4-7 Motor Vehicle Policy, Generally	61
4-7-1 Policy and Procedure for Driving	62 -63
4-7-2 Safe Driving Guidelines, Generally	64 -65
4-8 Inclement Weather/ Road Condition Operations	66
4-9 Reflective Vest/ Coat	67
4-10 Cell Phone Usage	68
4-11 Passengers/ Seatbelts and Safety Restraints	69
4-12 Patient Confidentiality	70
4-13 Reports and Documentations	71 -72
4-14 Paging Equipment	73
4-15 MCSD Paging Policy, Generally	74

PAGE LEFT BLANK INTENTIONALLY

Title	Statement of Policy
Section	Introduction
Policy No.	1-1
Revised	April 10, 2018

The following policies and procedures establish the minimum standards of conduct for all members of Ennis Ambulance Service. Members are encouraged to not only adhere to all policies and procedures contained herein, but also to strive to excel above them.

All Ennis Ambulance members are required to conduct themselves, at all times, in accordance with these policies and procedures; State, and local laws and regulations; requests, direction, or guidance of Ennis Ambulance Manager and Board of Directors; and other applicable guidelines and/ or directives.

Because Ennis Ambulance Service is responsible for enforcing these policies and procedures, other applicable laws, regulations, and/ or guidelines, to ensure the orderly, efficient, and effective operations of Ennis Ambulance Service.

If any member observes any other member violating any of these policies and procedures, or any other law, regulation, protocol, guideline, or directive, the member observing the conduct or behavior should report it to the Ennis Ambulance Manager at the soonest available time.

Title	Mission Statement
Section	Introduction
Policy No.	1-2
Revised	April 10, 2018

Our mission is to make a difference by caring for people in need. At Ennis Ambulance Service, the patient will always come first. Although we treat and transport those who are injured and ill, we love to see our neighbors healthy and safe.

Title	Equal Membership Opportunities Policy Statement
Section	Introduction
Policy No.	1-3
Revised	April 10, 2018

Ennis Ambulance Service provides members equal opportunities without regard to race, color, religion, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable Federal, State, and local laws. Ennis Ambulance complies with applicable State and local laws.

Title	Non-Harassment Policy
Section	Introduction
Policy No.	1-4
Revised	April 10, 2018

Ennis Ambulance Service affirms the dignity and value of each person and will not condone personal harassment of any nature in any areas of the service. It is the policy of Ennis Ambulance to maintain a service free of personal harassment and intimidation.

A hostile work environment is defined as comments, actions or objects that unreasonably interfere with work performance or create an intimidating, hostile or offensive work environment.

If you feel that you have been the victim of harassment or if you notice or suspect possible harassment of others, you should report such actions immediately to your manager. Each complaint will be investigated, reviewed and effectively remedied when an allegation is determined to be valid. Every effort will be made to keep the complaint and investigation confidential for the protection of the individual(s) involved without fear of retaliation.

Title	Safe Work Environment
Section	Introduction
Policy No.	1-5
Revised	April 10, 2018

Ennis Ambulance strives to provide an environment for members free from threatening behavior and to provide a formalized process to address any workplace violence should it occur.

Threatening behavior is a serious offense and will not be tolerated. All members are responsible to maintain a safe environment. Therefore, it is incumbent upon each member to immediately report any violent or threatening behavior directed against themselves, or other individuals. Ennis Ambulance will investigate all such reports thoroughly and take appropriate action.

Title	Patient Rights
Section	Introduction
Policy No.	1-6
Revised	April 10, 2018

Ennis Ambulance Service has established requirements to assure patient rights are consistently respected. Including in these is the right to considerate, respectful care, access to complete and current information regarding medical care, the right to refuse treatment, the right to privacy and access to communications, and the right to examine medical charges.

The Health Insurance Portability and Accountability Act (HIPAA) privacy rules provide rights to individuals relative to their protected health information (such as medical records). The following are the individual rights that must be afforded by covered entities.

- Right to receive a covered entity's Notice of Privacy Practices
- Right to access and copy their protected health information
- Right to request restriction of the uses and disclosures of their protected health information
- Right to receive confidential communications
- Right to request amendment and correction of their protected health information
- Right to an accounting of the disclosures of their protected health information
- All patients/ patients representatives receive a copy of the Notice of Privacy Practices and Rights/ Responsibilities.

Title	Confidentiality / Release of Information Policy Statement
Section	Introduction
Policy No.	1-7
Revised	April 10, 2018

All employees are prohibited from releasing medical, financial, personal or other information about patients, patients' family members, except where the exchange of such information is required during the performance of job duties and has been properly authorized.

Breach of confidentiality is a violation of the trust placed in our service and its members, patients, residents of the community, any inappropriate disclosure or release of confidential information to unauthorized individuals or organizations will be thought of as a serious incident of misconduct and will be treated accordingly. Violators of this policy are subject to immediate dismissal and possible legal action.

THE RECORDS OF AND INFORMATION REGARDING PATIENTS ARE STRICTLY CONFIDENTIAL.

Title	Care Commitment
Section	Introduction
Policy No.	1-8
Revised	April 10, 2018

Ennis Ambulance Service members have earned an excellent reputation for integrity, efficiency and professionalism. As a member you have a personal responsibility to maintain a high professional standard. Therefore your appearance and attitude, as well as manner in which you perform your duties, are of utmost importance. By performing your job with a compassionate, tactful and professional manner, you create a positive atmosphere and will find your own work more rewarding.

A medical emergency is often a new experience for our patients and their families, and they are understandably apprehensive. They place their confidence in the Ennis Ambulance members. It is your professional responsibility not to violate this confidence through indiscriminate discussion pertaining to patients, their treatment or progress without authorization. Erroneous or non-public information prematurely released may easily cause embarrassment to the Ennis Ambulance Service relations with the community.

Our members need to commit to providing our patients and families the highest level of personal service, embracing the opportunity to serve with respect and compassion.

Title	Credentialing / Licensure/ Certifications
Section	Personnel and Staff
Policy No.	2-1
Revised	April 10, 2018

Because Ennis Ambulance Service provides the best quality service to our patients and their families, we will verify that all members have a current and valid license, and/ or certification required by any governing agency. If your position requires licensure by the State or certification by a professional or governing agency, you are responsible for keeping the licensure and certification current and providing a copy to Ennis Ambulance.

A member must notify the ambulance manager immediately when your license or certification is suspended, revoked, placed on probationary status, put under investigation or expires. A member that does not have a valid license or certificate by the expiration date is not permitted to work until the new and current license and /or certificate is obtained.

IT IS THE RESPONSIBILITY OF THE MEMBER TO MAINTAIN CURRENT CERTIFICATIONS. FAILURE TO MAINTAIN REQUIRED CERTIFICATIONS MAY RESULT IN IMMEDIATE DISMISSAL.

Title	Staffing and Duties, Generally
Section	Personnel and Staff
Policy No.	2-2
Revised	April 10, 2018

STAFFING OF AMBULANCES

Ennis Ambulance Service ambulances performing 911 or patient transport duties will be staffed with a minimum of (1) one EMT or higher, who is a member of Ennis Ambulance Service and (1) one trained driver.

DUTIES, GENERALLY

No matter what position you are covering for Ennis Ambulance, always remember that there are times when you will be asked and required to perform duties that you may not like. There may be times you are called upon to sweep the garage, move ambulances around, run errands, teach EMS related subjects and do other task as designated by the Manager or Board of Directors. All members will be expected to accept this and cooperate. All types of duties are necessary to keep the service functioning at a high level. Ennis Ambulance appreciates your help and understanding regarding this issue and this aspect of your membership. The Ambulance Manager as hired by the Town of Ennis shall be in charge of the day to day operations of the ambulance service and employees.

Title	Stipend Incentive Program
Section	Personnel and Staff
Policy No.	2-3
Revised	April 10, 2018

Ennis Ambulance Service offers an incentive stipend paid to members for performing 911 or patient transport duties.

Stipend is elective for each member, members wishing not to receive stipend need to submit their wishes in writing. Decisions are effective for one fiscal year. Request need to be received by July 1st of each year.

Stipend time starts when Ennis Ambulance goes in service and ends when the ambulance is available for service. (PCR's must include this information for the run to be covered). A run that is cancelled is not eligible for stipend.

Special events are not covered by stipend (Rodeos, Fund Raisers, Sports Events, etc.)

Members are not eligible for stipend until probationary period is complete.

Stipend will be paid for every three (3) months on the last pay period of that month. (same pay period as the Town of Ennis).

All required deductions, such as for federal, state, and local taxes will be withheld from stipends.

Stipend amounts will be determined by Ennis Ambulance Board.

Title	On- Call Policy
Section	Personnel and Staff
Policy No.	2-4
Revised	April 10,2018

Members of Ennis Ambulance Service that sign up for an on-call schedule will be compensated an hourly rate. Compensation amount will be determined by Ambulance Board and Ambulance Manager.

The compensation will be paid while the ambulance member is waiting to be called to duty. Once on duty, on-call member will be paid the regular hourly rate according to status of the call. On call members shall not ingest any alcohol or drugs, legal or illegal that may impair their work performance while they are on call based on Ennis Ambulance Policy.

Ennis ambulance members are responsible for ensuring a complete crew is responding:

With a schedule:

1. The senior member (Duty Officer) on the schedule when a call is dispatched shall within 3 minutes of the initial page notify Madison County Dispatch (Dispatch) by radio on the appropriate frequency that the page has been acknowledged.

A. Example: 22 Ennis Ambulance acknowledge page

B. If dispatch has not received an acknowledgement within 5 minutes of the initial call Dispatch shall send the next closest unit under mutual aid.

Dispatch will not page Ennis Ambulance any further.

2. If after 3 minutes the Duty Officer does not have a complete crew (by way of IaR app) the Duty Officer shall request a second page from Dispatch over the radio.

A. Example: 222 Ennis Ambulance requesting a second page

3. If after an additional 3 minutes the Duty Officer still does not have a complete crew (by way of the IaR app) the Duty Officer shall request a third page from

Dispatch over the radio. The Duty Officer at the same time also request mutual aid from the next closest ambulance service.

- A. Example: 222 Ennis Ambulance is requesting a third page and requesting mutual aid from [Hebgen Basin, Ruby Valley, Jefferson Valley]

Without a Schedule:

- 4. The first person to check in on IaR after the call is dispatched shall be the Duty Officer. Within 3 minutes of the initial page the Duty Officer shall notify Madison County Dispatch (Dispatch) by radio on the appropriate frequency that the page has been acknowledged.

- A. Example: 222 Ennis Ambulance acknowledging page

- B. If Dispatch has not received an acknowledgement within 5 minutes of the initial call Dispatch shall send the next closest unit under mutual aid. Dispatch will not page Ennis Ambulance any further.

- 5. If after 3 minutes the Duty Officer does not have a complete crew (by way of IaR app) the Duty Officer shall request a second page from Dispatch over the radio.

- A. Example: 222 Ennis Ambulance requesting second page

- 6. If after an additional 3 minutes the Duty Officer still does not have a complete crew (by way of IaR app) the Duty Officer shall request a third page from Dispatch over the radio. The Duty Officer shall at the same time also request mutual aid from the next closest ambulance.

- A. Example: 222 Ennis Ambulance is requesting a third page and requesting mutual aid from (Hebgen Basin, Ruby Valley, Jefferson Valley)

- B. If Ennis Ambulance is able to provide a complete crew the Duty Officer may cancel the mutual aid request after the Duty Officer is sure Ennis Ambulance has a complete crew to respond.

Title	Personal Expense and Reimbursement
Section	Personnel and Staff
Policy No.	2-5
Revised	April 10, 2018

Ennis Ambulance Manager and Board of Directors will review for reimbursement any personal expenses incurred by a member directly because of extenuating circumstances or extraordinary situations.

The Board of Directors and/ or the Ambulance Manager will review the appropriateness of the personal expense and to carry out reimbursement in a consistent and timely manner.

Receipts covering any out-of-pocket expense incurred during an ambulance call along with a statement of explanation will be submitted to the Manager.

Reimbursement will be made for meals while on an ambulance run with a \$20.00 per day, per member maximum. The original receipt with a signed and dated reimbursement form will be submitted to the ambulance Manager for approval.

Title	Leave of Absence
Section	Personnel and Staffing
Policy No.	2-6
Revised	April 10, 2018

A leave of absence may be granted by Ennis Ambulance Service for the following reasons:

1. Employment
2. Personal
3. Education
4. Military

Leaves of absence shall be granted upon approval and shall not exceed three (3) months. An extension for another three (3) months may be granted. To receive a leave of absence, a letter is to be submitted to the Ambulance Manager stating that you would like to remain a member of the service and stating the reason for the request. It will be the decision of the Manager whether permission is granted. If so granted, prior to reinstatement your letter requesting termination of your leave of absence must be submitted to the Manager for approval. The purpose of this is workman's compensation and insurance requirements.

All members who have been on leave of absence, for at least three (3) months, shall, also serve a probationary period. This probationary period shall consist of no less than three (3) ambulance calls.

Title	Conduct Policy, Generally
Section	Personnel and Staff
Policy No.	2-7
Revised	April 10, 2018

As an integral member of the Ennis Ambulance Service team, you are expected to accept certain responsibilities, adhere to high standards of personal conduct, and exhibit a high degree of personal integrity always. This not only involves showing sincere respect for the rights and feelings of others, but also demands that you refrain from any behavior that might be harmful to you, your coworkers, Ennis Ambulance, or that might be viewed as unfavorably by the people we serve or by the public at large.

Whether you are on or off duty, your conduct reflects on Ennis Ambulance. Consequently, you are required to observe the highest standards or professionalism always.

Any type of behavior and/or conduct that Ennis Ambulance considers inappropriate could lead to disciplinary action up to and including termination without warning, at the sole discretion of the Manager with the Mayor having final say. Any appeals will be dealt with according to the Town of Ennis Employee Manual.

Listed below are some of the rules and regulations of Ennis Ambulance. This list should not be viewed as being all-inclusive. These behaviors and/or conduct include but are not limited to the following:

- Falsifying any information on any Ennis Ambulance records
- Violating Ennis Ambulance's policies and procedures; protocols; or Federal, State, or local laws, regulations, or administrative rules;
- Refusing or failing to comply with reasonable request, directives, or guidance of or from an Ennis Ambulance Manager or Board Member
- Soliciting gratuities from patients or the entities we serve
- Reporting to work intoxicated or under the influence of non-prescribed drugs;

- Illegally manufacturing, possessing, using, selling, distributing, or transporting alcohol or illegal drugs
- Bringing or using alcoholic beverages while engaged in Ennis Ambulance business
- Fighting or using obscene, abusive or threatening language or gestures
- Stealing property for co-workers, patients, entities that we serve or Ennis Ambulance
- Have unauthorized firearms, weapons, or restraints such as handcuffs while conducting Ennis Ambulance business
- Disregarding safety or security regulations
- Engaging in insubordination
- Failing to maintain the confidentiality of patient information and/or corporate confidential information, proprietary information, or trade secrets

If your performance, work habits, overall attitude, conduct or demeanor becomes unsatisfactory in the judgement of Ennis Ambulance based on violations either of the above or of any other Ennis Ambulance policies, rules or regulations, you will be subject to disciplinary action, up to and including dismissal.

COURTESY and POLITENESS

Working in EMS and with patients can be a trying and testing position. When you are on the job, when you are wearing Ennis Ambulance apparel, you are a representative of Ennis Ambulance Service.

As a representative of the service, you must maintain a courteous, polite and in control demeanor always.

Occasionally, you may be subject to verbal abuse, unsavory duties, and somewhat “difficult” people. When you find yourself in this position, remember that you are there for a reason. You are there to help a sick, injured or infirm person. The people we serve depend on you and expect you to be neat, clean, courteous, polite and in control of yourself and the situation.

Always be ready to work in concert with your partner and other people on the scene, not in conflict. If you lack any of these attributes or if you disregard them, yourself, your patient, your coworker and Ennis Ambulance will suffer. This is an unacceptable situation. You must always strive to be better and try harder for everyone concerned.

Title	Tobacco, Drug and Alcohol Policy
Section	Personnel and Staff
Policy No.	2-8
Revised	April 10, 2018

To maintain a safe and comfortable working environment and to ensure compliance with applicable laws, tobacco use (smoking and chewing) is strictly prohibited.

- TOBACCO USE IS NOT PERMITTED IN ANY ENNIS AMBULANCE SERVICE VEHICLE

ANY EMPLOYEE NOT ADHERING TO THIS POLICY IS SUBJECT TO DISCIPLINARY ACTION

POLICY STATEMENT

Ennis Ambulance Service is dedicated to preserving the lives of the citizens of Madison County and all the patients to whom we provide care. Ennis Ambulance Service takes pride in professionalism and commitment to safety. We adopt and implement a policy of zero tolerance with regard to any member of our team being under the influence of alcohol, drugs or controlled substances while responding to an emergency, transporting a patient, operating Ennis Ambulance vehicles or equipment, or being on an emergency scene. Any member who transports a patient, responds to a call, operates a vehicle, or is at an emergency scene under the influence of alcohol or any drug poses a serious safety risk and endangers the life and well-being of him or herself, fellow Ennis Ambulance members, our patients and the public.

ANY MEMBER WHO VIOLATES THIS POLICY WILL BE TERMINATED

DEFINITIONS

The term “alcohol” means the intoxicating agent in the beverage alcohol, ethyl alcohol, or other low molecular weight alcohols. The terms “alcohol concentrations” or “alcohol content” means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test. The terms “controlled substances” or “drugs” are defined as meaning marijuana, cocaine, opiates, amphetamines, and phencyclidine and any illegal substances as defined in Montana Code Annotated.

DISCHARGEABLE OFFENSE

A violation of any of the following rules will result in termination from Ennis Ambulance Service:

1. A member shall not report for duty (911, or Transfer), respond to a call, transport a patient, operate a vehicle, or be at an emergency scene while having any alcohol in their system.
2. A member shall not report for any duty (911, or Transfer), drive, operate, load, unload, inspect, service, repair or perform any other safety sensitive function relating to the ambulance within (12) twelve hours after consuming alcohol.
3. A member shall not use alcohol after an on-duty accident for (12) twelve hours or until undergoing an alcohol breath test, whichever occurs first.
4. A member shall not possess, be under the influence of, or use an illegal controlled or controlled substance or any therapeutic drug while on duty, except for prescription drugs when the member can provide a written physicians statement that the prescription drug will not adversely affect his/her ability to operate vehicles or equipment.
5. No member while on duty shall fail or refuse to submit, upon request by or on behalf of the manager or law enforcement officer, to take a urinalysis drug test or an alcohol breath test or blood draw.
6. Should a member suspect anyone operating an Ennis Ambulance or equipment in violation of this policy, they will immediately notify the ambulance manager who will then follow the same procedures as outlined

in this policy. THERE WILL BE NO DIVATION FROM THIS DRUG AND ALCOHOL ABUSE POLICY.

CIRCUMSTANCES UNDER WHICH A MEMBER WILL BE TESTED FOR CONTROLLED SUBSTANCES AND ALCOHOL

POST-ACCIDENT TESTING

A member operating an Ennis Ambulance vehicle or equipment shall be tested for alcohol and controlled substances as soon as practicable following an accident for which the member receives a moving violation citation or involving a fatality, an accident involving any damages to public, private, or Ennis Ambulance vehicles or property, or an accident involving an injury. Drivers involved in accidents are to remain readily available for an alcohol and or drug testing and shall not leave the accident scene until released by law enforcement, except as is necessary to obtain emergency medical care or to obtain assistance in contacting the police.

Alcohol and drug test must be conducted within (2) two hours after the accident. Any member involved in such an accident while driving an Ennis Ambulance Service vehicle who does not remain readily available for drug and alcohol testing following such an accident shall be deemed to have refused to submit testing and will be subject to discharge.

A post-accident blood test for the use of alcohol and drugs or use of controlled substances shall be conducted at the expense of Ennis Ambulance Service and may be requested or required by Law Enforcement.

REASONABLE SUSPICION TESTING

A member may be required to submit to a urinalysis drug test or a breath alcohol test if, based on objective circumstances, a member or manager has a reasonable suspicion that the member while on duty (911, or call, transporting a patient, responding to a call, at an emergency scene, at a training or practice exercise, or operating an Ennis Ambulance Service vehicle) is under the influence of drugs or alcohol which adversely affects or could adversely affect the members performance of his/her duties or ability to operate vehicles or equipment.

Such reasonable suspicion must be based on specific observations concerning the appearance, behavior, speech and/or odors of the member and the observations must be documented.

Test based on reasonable suspicion shall be promptly administered. If an alcohol and drug test is not administered within (2) two hours following a determination of reasonable suspicion, the reasons for the delay must be documented and in no event shall the alcohol test be administered more than (8) eight hours after the reasonable suspicion determination.

If a confirmed alcohol breath test shows any level of alcohol, a drug test result is positive, or the member fails or refuses to submit to a test or otherwise fully cooperate in the testing, the reasonableness of the suspicion shall be conclusively presumed.

RECORDS

A member shall upon written request, be provided with copies of any records pertaining to his or her alcohol or controlled substance tests.

NOTIFICATIONS

A member whose test confirmed positive for any alcohol or controlled substance shall be notified of the test results and which controlled substance or substances were confirmed positive.

If a medical review officer (doctor) or designee is unable to contact the employee who has tested positive for alcohol or drugs, Ennis Ambulance Service shall make reasonable efforts to contact the member and request him/her to contact and discuss the results with the medical review officer or designee within 24 hours.

Title Computers, Technology, Network and Internet Use
Section Personnel and Staff
Policy No. 2-9
Revised April 10, 2018

POLICY STATEMENT

This policy is to establish use for the Internet and Ennis Ambulance communication system including but not limited to computers and cellular devices. This policy establishes the minimum standards.

BUSINESS USE:

Ennis Ambulance computer systems and cellular phones that allow use of the Internet and electronic communication systems are the property of the Town of Ennis and Ennis Ambulance Service and are provided to facilitate the effective conduct of Ennis Ambulances business. Users are permitted access to the Internet and electronic communication systems to assist in the performance of their job.

PERSONAL USE:

Incidental and occasional personal use of Ennis Ambulance's Internet access or electronic communication system is permitted: however, personal use is prohibited if:

- Interferes with the user's productivity or work performance, or with any other members productivity or work performance;
- Adversely affects the efficient operation of the computer system;
- Violates any provision of this policy, regulation, or law or guidelines set forth by local, state, or federal law.

NO EXCEPTION OF PRIVACY:

No user should have any expectation of privacy in any message, file, image, or data sent, retrieved or received by use of Ennis Ambulance's equipment and/or access. Ennis Ambulance has a right to monitor all aspects of its computer and phone systems including, but not limited to, sites, instant messaging systems, or chat groups, or news groups visited by users, material downloaded or uploaded by users, and e-mail sent or received by users and phone calls made. Such monitoring may occur at any time, without notice, without the user's permission.

COMPANY PROPERTY:

The Internet and electronic communication systems and hardware are the property of Ennis Ambulance. Additionally, all documents composed and messages and attachments composed, sent, received, or stored on the Internet and communications storage systems are and remain the property of Ennis Ambulance.

NON-REMOVAL:

Members may not remove from the premises any hardware, software, sensitive files, or data without prior authorization by the IT administrator.

PROHIBITED ACTIVITIES:

Certain activities are prohibited when using the Internet or electronic communications. These include but are not limited to:

- Accessing, downloading, printing, or storing information with sexually explicit content;
- Downloading or transmitting fraudulent, threatening, obscene, intimidating, defamatory, harassing, discriminatory, or otherwise unlawful messages or images;
- Installing or downloading computer software, programs, or executable files;
- Uploading or downloading copyrighted materials or proprietary information;

- Uploading or downloading access restricted information;
- Sending e-mail using another's identity, an assumed name, or anonymously;
- Uploading or downloading applications such as peer-to-peer file swapping tools and unauthorized enhancements and plug-ins

USER RESPONSIBILITY:

All users are responsible for exercising appropriate care to protect the computer systems against the introduction of viruses or malicious software. When using the Internet access or electronic communications, equipment, and capability, individuals must:

- Use the Internet or electronic communications systems only with approved software,
- Maintain the conditions of security (including safeguarding passwords) under which they are granted access to such systems;
- Check with the appropriate staff member prior to downloading or accessing a file or document if the source of the file or other circumstances raises doubts about its safety.

VIOLATIONS:

Violations of this policy will be addressed under appropriate disciplinary policy procedures for members. The appropriate level of disciplinary action will be determined in a case-by-case basis by the Ambulance Manager and Ambulance Board, with sanctions up to or including termination depending on the severity of the offense.

Title	Gifts, Honoraria, Tipping and Gratuities
Section	Personnel and Staff
Policy No.	2-10
Revised	April 10,2018

A gift/honoraria, Tips or gratuities received by a member are not to be accepted. Gifts offered to you by a patient may be accepted provided such gifts are nominal in value, such as candy or flowers (not valued in excess of \$50)

If you have any questions, contact the manager

Soliciting gifts, honoraria, tips and/or gratuities from patients or entities that we serve is prohibited.

Title	Dress Code
Section	Personnel and Staff
Policy No.	2-11
Revised	April 10,2018

Appropriate uniform type clothing is to be worn on all runs. Jackets (Ennis Ambulance Logo) are to be worn on runs providing the weather warrants. If you are issued a jump suit it shall be worn on ambulance runs unless an approved uniform is worn.

Personal Appearance:

1. You must keep yourself neat and clean
2. Your clothing must be neat and clean

Jackets and jumpsuits purchased by Ennis Ambulance are to remain the property of Ennis Ambulance and upon resignation, suspension or dismissal from the organization are to be returned to the service.

Title	Attitude and Personal Behavior
Section	Personnel and Staff
Policy No.	2-12
Revised	April 10, 2018

It is of the utmost importance that all members project a positive attitude about oneself and the job at hand.

Personal behavior on runs:

1. Be courteous but firm, be professional
2. Console relatives and friends
3. Do not argue with co-workers while in public or in front the patient. Try to work it out in private or after the run.

Title	Corrective Action
Section	Personnel and Staff
Policy No.	2-13
Revised	April 10,2018

Policy

Ennis Ambulance Service acknowledges that a member can occasionally make a bad decision or mistake. Ennis Ambulance will utilize a formal Corrective Action Program. In most instances a three-tiered system of Formal Corrective Action will be utilized which is listed below:

1. Verbal Warning
2. Written Warning
3. Suspension up to termination

Each corrective action will list the infraction, a plan of correction and follow up terms. Members will be given the opportunity to comment in writing and will be given a copy of the Corrective Action Form for their records.

Management does reserve the right to vary from this tiered system as it deems necessary due to the severity of the conduct, behavior, and/or insubordination.

Ennis Ambulance Board and the Ambulance Manager, in its sole discretion, will determine when to warn, suspend, otherwise discipline or discharge members in the manner and degree Ennis Ambulance deems appropriate.

Title	Overview
Section	Safety and Risk Management
Policy	3-1
Revised	April 10,2018

Introduction

Good safety risk management awareness and practice at all levels is a critical success factor for any EMS organization. Risk is inherent in everything that an EMS organization does: treatment of patients, determining service priorities, managing a project, purchasing new medical equipment, making decisions about future strategies, or even deciding not to take any action at all. This provides the framework for the management of all risk including organizational, financial, and clinical risk at every level of the organization. The aim of the strategy is to create a more coordinated, systematic, and focused approach to the management of risk.

Strategy Objectives.

1. Raise the quality of care provided by Ennis Ambulance Service to patients, members, and others through identification, control, and elimination or reduction of all risk to an acceptable level.
2. Understanding the underlying causes of adverse incidents and ensure that lessons are learned from the experience.
3. Ensure that managers and all members at all levels in the organization are clear of their personal responsibilities with regard to risk management.
4. Understand the many risk faced by Ennis Ambulance Service, their causes and cost and to transfer risk where unacceptable or unavoidable
5. Provide a safe environment and facilities for patients, members and visitors.
6. Minimize cost diverted to risk funding.
7. Maximize the resources available for patient services and care.

Overview

Ennis Ambulance is committed to maintaining a safe and healthy work environment. To achieve this goal, Ennis Ambulance has implemented comprehensive safety policies. These policies are designed to prevent workplace injuries, accidents and illnesses.

The success of any safety program depends on the safety consciousness and cooperation of everyone in the organization. Members at every level are expected to assist Ennis Ambulance Service in the prevention of workplace accidents and injuries and are expected to follow all safety rules and to report any potential safety hazards to his or her manager immediately.

Any injury that occurs on the job, must be reported immediately.

Workers' Compensation insurance is provided according to State law for occupational injuries or diseases. Ennis Ambulance Service pays for the cost of this insurance.

ALL MEMBERS ARE RESPONSIBLE FOR WORKING SAFELY AND MAINTAINING A SAFE AND HEALTHY WORK ENVIROMENT.

Title	Duties of Members
Section	Safety and Risk Management
Policy No.	3-2
Revised	April 10, 2018

Duties of Members

All Members of Ennis Ambulance Service are responsible for their safety and health and for the safety and health of individuals who interact with Ennis Ambulance Service. To fulfill this duty, each officer must:

1. Become familiar with all applicable safety and health laws and regulations and to be familiar with the organizations rules and policies relating to workplace health and safety;
2. Ensure that members do, in fact, perform their work in a safe and healthy manner consistent with the organizations rules and policies;
3. Take all reasonable steps necessary to avoid unsafe working conditions, accidents, injuries and illnesses;
4. Ensure that unsafe and unhealthy working conditions are corrected promptly; and
5. Immediately report all workplace accidents, injuries, illnesses or “near misses,” to the manager.

All members are required to conduct themselves in a manner consistent with Ennis Ambulance safety rules and policies. To fulfill this duty, each member must:

1. Comply with all organizational safety rules, policies and procedures;
2. Comply with all organizational operating rules, policies, and procedures;
3. Immediately report all workplace accidents, injuries, or illnesses involving the member or to which the member is a witness, to the manager; and
4. Immediately report all unsafe conditions or hazards to the manager.

Title	Patient Safety
Section	Safety and Risk Management
Policy No.	3-3
Revised	April 10,2018

Transferring

All patients will be transferred to or from the ambulance on the stretcher. Any patient, family member or passenger must be supervised and assisted by a crew member or EMS worker upon ingress/ egress from the ambulance.

- STRETCHER PATIENTS WILL ALWAYS BE SECURED TO THE STRETCHER WITH STRAPS AND SHOULDER HARRNESS.
- When transporting a patient on a stretcher the patient will be turned on a level surface and brought head first into the waiting ambulance.
- When rolling a stretcher patient, the stretcher should be maintained at one-half height and must be carefully handled by both crew members.
- NEVER LEAVE A STRETCHER PATIENT UNATTENDED
These precautions serve to prevent patient tipping injuries.
- Children must be in an age appropriate seat and shall not ride in another persons' lap.

Carrying

When carrying a patient down stairs, the patient always travels feet first when sitting up and feet first when lying flat

Whenever a crew member does not believe that he or she is able to safely lift or carry a patient, the crew member is required to call for a lift assist. Always err on the side of caution and call for a lift assist if you think that you may need one.

Never seek assistance from or allow any untrained bystander to aid in moving any patient.

When transporting a patient on a back board or a scoop stretcher, at least three straps must be used to secure the patient. For patient and member safety, the

patient is transferred to the stretcher in a lowered position. The restraints from the stretcher are then used to secure the patient and the backboard.

Title	Vehicle Accidents
Section	Safety and Risk Management
Policy No.	3-4
Revised	April 10,2018

Vehicle Accidents

As a member of Ennis Ambulance, you have been instructed in the safe operation of an emergency vehicle. It is imperative to understand exactly what to do if you find yourself in a company vehicle accident.

GENERAL GUIDELINES

VEHICLE ACCIDENT INFORMATION

If you are involved in a vehicle accident with a company vehicle:

- All vehicle accidents involving company vehicles must be reported immediately to dispatch. If you are injured and unable to visually assess the situation notify dispatch of what kind of help you require. If you are not injured, you are to assess the situation and request from dispatch what help you require. It is important to render medical assistance to any other party involved.
- All vehicle accidents involving a company vehicle must be reported to the manager as soon as practicable.
- All accident reports must be completed and submitted by all crew members within the same 24-hour period.
- All crew members will document any injuries sustained. Any members involved in the accident will not make a statement to anyone on scene, aside from the responding officer.

At a minimum the following information should be obtained:

- Name and address of the operator of the other vehicle
- Name and address of the owner of the other vehicle

- Make, model, and year of the other vehicle
- Registration number of the other vehicle
- Driver License number/ state of the operator of the other vehicle
- Insurance company providing coverage on the other vehicle
- Names and addresses of all passengers in the other vehicle
- Names and addresses of all injured parties
- Location and time of the accident
- Damage sustained to all vehicles
- Name of responding law enforcement officer

If you have a camera or a cell phone available, take pictures of:

- All (4) four sides of the ambulance with close up photographs of the damaged areas
- All (4) four sides of the other vehicle(s) involved in the accident with close up photographs of the damaged areas
- The street behind and ahead of the vehicle accident
- Any stationary objects involved in the vehicle accident

Accident Investigation and Review

All company vehicle accidents will be investigated in a timely manner. Minor incidents and near misses will be investigated as well as serious accidents. A near miss is an incident that, although not serious, could have resulted in a serious injury or significant property damage. Investigation of these instances may avoid serious accidents in the future.

AN INDIVIDUAL MAY NOT BE DESIGNATED TO INVESTIGATE A VEHICLE ACCIDENT WHO WAS THE DRIVER, PASSENGER, OR CREW MEMBER OF THE VEHICLE INVOLVED IN THE ACCIDENT.

All accidents will be investigated as soon as possible. In conducting an inquiry, the party investigating the accident, at minimum shall:

- The investigator should interview the member as soon as the member is physically and mentally able.
- Interview witnesses to the accident as soon after the accident as possible.
- Document details graphically, using photographs, sketches, or diagrams wherever appropriate
- Submit a written report
- Save or preserve all physical evidence.

All accident reports will be reviewed by the Ambulance Board of Directors and Ambulance Manager. The Board of Directors and Ambulance Manager will determine if there will be any disciplinary action taken, the extent, severity and level of the disciplinary action.

Title Ambulance Mechanical Breakdowns
Section Safety and Risk Management
Policy No. 3-4-1
Revised April 10, 2018

When transporting a patient, duty crew shall handle the incident in a manner that is in the best interest of the patient. If a unit is transporting a patient, and they have mechanical failure, the duty crew should contact dispatch to dispatch the closest available ambulance service to their location.

The duty crew will then make the appropriate calls to secure tow and service arrangements.

Title	Exposure Control Plan Education
Section	Safety and Risk Management
Policy No.	3-5
Revised	April 10, 2018

Members will review and follow Ennis Ambulance Exposure Control Plan.

Infection control, Body Substance Isolation and Universal Precautions training shall be done on a yearly basis by all members who participate in patient care activities.

Title	Exposure Control Plan
Section	Safety and Risk Management
Policy No.	3-5-1
Revised	April 10,2018

Ennis Ambulance Service is committed to providing a safe and healthful work environment for its members. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standards.

This ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our members. This ECP includes:

1. Program Administration
2. Determination of employee exposure
3. Implementation of various methods of exposure control including
 - a. Universal Precautions
 - b. Engineering and work practice controls
 - c. Personal Protective Equipment
 - d. Housekeeping
 - Ambulance Cleaning Procedure
 - Equipment Cleaning Procedure
4. Hepatitis B vaccination and antibody testing when appropriate
5. Post-exposure evaluation and follow-up
6. Administration for post-exposure evaluation and follow-up
7. Evaluating the circumstances surrounding and exposure
8. Communication of hazards to members and training
9. Recordkeeping
10. Tuberculosis Policy
11. Definitions

PROGRAM ADMINISTRATION

The Training Officer is responsible for the implementation of the EPC. The Officers will maintain, review, and update the EPC at least annually, and whenever necessary to include new or modified tasks and procedures. The Operations Manager and the Officers are classified as “Infectious Control Officers” for Ennis Ambulance. These persons will be responsible to oversee all bloodborne pathogens for the service and record them appropriately.

All members that are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Ennis Ambulance will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers), labels, and red bags as required by the standard. The Manager will ensure that adequate supplies are available.

The Officers will be responsible for ensuring that all medical actions required are performed and that the appropriate employee health and OSHA records are maintained.

The Training Officer will be responsible for training, documentation, and making written ECP available for members.

If it is determined that revisions need to be made, the Officers will ensure that appropriate changes are made to this ECP.

Member Exposure Determination

The following is a list of all job classifications within our organization in which all members have occupational exposure:

1. First Responders & EMT- Basics
2. AEMT's and Paramedics

Methods of Implementations and Control

All members within Ennis Ambulance Service will utilize universal precautions:

1. Uniforms should be worn on every run. Jackets are in addition to these.
2. Gloves will be worn on every call prior to attending the patient
3. Every attendant will wash their hands after removing gloves, preferably at the location the patient was delivered
4. Gloves will be disposed of properly, in a waste receptacle if unsoiled, in a biohazard bag if possibly soiled with infectious waste
5. CPR will be performed with a pocket mask or bag valve mask

Exposure Control Plan

The officers are responsible for reviewing and updating the ECP annually or more frequently if necessary, to reflect any new or modified task and procedures.

Engineering Controls & Workplace Practices

Engineering controls and work place practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

1. Protect IV needles
2. Needleless IV system
3. Needle safe syringes
4. Needle safe lancets

Personal Protective Equipment

PPE is provided to our members at no cost to them. Training is provided by the Training Officer in the use of appropriate PPE for the task or procedures members will perform. The type of PPE available to the members are:

1. Non-disposable -- Jumpsuits and jackets
2. Disposable—gloves, gowns, eye protection

Any non-disposable PPE that no longer performs to its standard is to be brought to the attention of the manager for replacement or repair. All non-disposable PPE

is to remain in the ambulance bay to decrease potential contamination of personal items. All disposable PPE is located in the ambulance and the storage supply closet.

Members are responsible to notify the Manager or Captain if they know of a deficiency or problem with any disposable PPE.

All members using PPE must observe the following precautions:

1. Wash hands immediately or as soon as feasible after removal of gloves or another PPE
2. Never wash or decontaminated gloves for reuse
3. Remove PPE after it becomes contaminated and before leaving the work area
4. Used PPE may be disposed of in the garbage unless contaminated with infectious substances then they must be disposed of in a red biohazard bag.
5. Wear appropriate gloves when it can be reasonable anticipated that there may be hand contact with blood or OPIM and when handling or touching contaminated items or surfaces.
6. Replace gloves if torn, punctures, contaminated, or if their ability to function as a barrier is compromised
7. Utility gloves may be decontaminated for reuse if their integrity is not compromised. Utility gloves must be discarded if there are any signs of cracking, peeling, tearing, puncturing or deterioration.
8. Wear appropriate face and eye protection when splashes, sprays spatters, or droplets of blood or OPIM pose a hazard to the eye, nose or mouth
9. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way to avoid contact with the outer surface of other garments or your skin

The procedure for handling used PPE is as follows:

1. NON-DISPOSABLE
 - a. Upon contamination of an ambulance personnel's clothing/garments, the contaminated item(s) must be removed as soon as possible and placed into a biohazard bag. The infection control officer must be notified so the appropriate actions can be taken.
 - b. Any other non-disposable PPE may be washed.

2. DISPOSABLE

- a. All disposable PPE is discarded. Non-contaminated PPE may be discarded in general garbage. All contaminated PPE should be discarded in red biohazard bags/ containers located at the hospital.

Housekeeping

Regulated waste is placed in red biohazard containers which are closeable, constructed to contain all contents and prevent leakage.

Sharps disposable containers should be placed in the red biohazard containers. Sharps containers are located in each ambulance on the counter. If needle recapping is indicated, it should be done with the one hand technique, the cap should then be taped on to prevent further exposure of the needle.

Emesis basins should be discarded in red biohazard containers at the hospital.

AMBULANCE CLEANING PROCEDURES

1. Adhere to all universal precautions
2. Wear gloves to clean the ambulance
3. Check surfaces of the ambulance for blood/body fluids and dispose of properly
4. Prepare a solution of ¼ cup bleach to 1 gallon of water
5. Wash surfaces inside of the ambulance after each run, include gurney
6. Allow surfaces to dry

Potential Exposure Situation Protocol

1. Adhere to all universal precautions
2. For potentially infectious body fluids:
 - a. Soak up with a paper towel and dispose of in biohazard bag
 - b. Spray all surfaces, except floor, with bleach solution or disinfectant and wipe clean
 - c. Scrub floor with bleach solution

3. Airborne infectious diseases:
 - a. spray all surfaces, except floor with bleach solution or disinfectant and wipe clean
 - b. spray the air with disinfectant spray (e.g. Lysol)
 - c. Scrub floor with bleach solution
 - d. Open doors of ambulance to become well ventilated

Equipment Cleaning Procedures

Single Use Equipment

1. All single use equipment will be treated as if contaminated
2. Dispose of ALL single use equipment that has been in contact with a patient in biohazard bags or containers

Non-Disposable Equipment

1. Wash all non-disposable equipment with either 4:1 bleach solution or a disinfectant

Potential Exposure Situation Protocol

1. Follow all universal precautions
2. Dispose of all needles or sharps in a red sharps container immediately after use
3. Dispose of all fluids in the toilet
4. Wash all non-disposable equipment thoroughly with soap and water to remove fluid
5. Clean all non-disposable equipment thoroughly with disinfectant

HEPATITUS B VACCINATION

The hepatitis B vaccination series is available at no cost to the member.

Vaccination is encouraged unless:

1. Documentation exists that the member has previously received the series
2. Antibody testing reveals that the member is immune
3. Medical evaluation shows that the vaccination is contraindicated

However, if a member chooses to decline vaccination, the member must sign a declination form. Members who decline may request and obtain the vaccination at a later date at no cost.

Post-exposure Evaluation & Follow-up

Should an exposure incident occur, immediately contact the ambulance manager or Captain. An immediate and confidential medical evaluation and follow-up will be conducted. Following the initial first aid of cleaning the wound, flushing the eyes, or mucous membranes, etc. the following activities will be performed:

Document the routes of exposure and how exposure occurred.

Identify and document the source individual (unless the identification is infeasible or prohibited by state or local law)

Assure that the exposed member is provided with the information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual.

Administration of Post-Exposure Evaluation and Follow-up

Ennis Ambulance assures that the health care professional(s) evaluating a member after an exposure incident receive the following:

- a. Route of exposure
- b. Circumstances of exposure
- c. Results of the source individuals testing if known
- d. Relevant medical records, including vaccinations

Evaluating the Circumstances of An Exposure Incident

Ennis Ambulance will review the circumstances of all exposure incidents to determine:

Engineering controls in use at the time

Work practices followed

A description of the device being used

Protective equipment or clothing that was used at the time of the exposure incident, (jumpsuit, gloves, mask, etc.)

Location of the incident (ambulance, residence, hospital etc.)

Procedure being performed when the incident occurred

Members training status:

The Manager will maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such a manner to protect the confidentiality of the injured member. The sharps injury log shall contain, at a minimum:

1. The type and brand of device involved in the incident.
2. The area where the exposure incident occurred (inside ambulance, residence, hospital, etc.)
3. An explanation of how the incident occurred.

Member Training

Ennis Ambulance Members who have occupational exposure to bloodborne pathogens will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases including HIV, HBV, HCV. In addition, the training program covers, at a minimum the following elements:

1. An explanation of methods to recognize task and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
2. An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE.
3. An explanation of the basis for PPE selection
4. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.

5. Information of the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
6. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
7. Information on timely reporting of an exposure incident so that the chemical prophylaxis, if appropriate, can be administered in a timely manner in order to be effective.

Title	Sanitary Ambulance Policy- Interior
Section	Operations
Policy No.	4-1
Revised	April 10, 2018

Proper infection control standards must be utilized while cleaning and maintaining proper sanitary practices.

The interior of the ambulances shall remain clean and free of debris at all times. Each crew shall assure the interior of each ambulance and the equipment on each ambulance is clean and ready for service following every run.

Immediately after an ambulance is utilized to transport a patient, the patient compartment and any non-disposable equipment used shall be thoroughly cleaned and disinfected prior to reuse.

All equipment that is single patient use shall not be reused and shall be disposed of in the proper bio-medical waste container. Oxygen mask, cannulas, suction catheters, tubing or any airway designed to be placed in patients nose or mouth should be single use and must be stored and handled properly.

Freshly laundered linens or disposable linens shall be used on cots and pillows. Linens shall be replaced with clean linens after each patient use. Dirty linens shall be disposed of or bagged properly to be laundered.

Manager and /or Officers shall routinely check the interior cleanliness of vehicles and follow up crew members as needed.

Title	Sanitary Ambulance Policy- Exterior
Section	Operations
Policy No.	4-1-1
Revised	April 10, 2018

Duty crews shall assure that the exterior of all ambulances is clean. Any vehicle in need of washing should be done at that time.

When returning after utilization of an ambulance, crew staffing that ambulance shall assure that the ambulance exterior is clean and ready for service.

Manager and/or Officers shall routinely check the exterior cleanliness of vehicles and follow up with crew members as needed.

All ambulances will be inspected after utilization to ensure all emergency warning lights and sirens are functioning properly. Fluid levels will be checked, and the appropriate fluids will be added to maintain proper levels. Inspection will be noted on check sheets.

Title	Post-Transport Duties
Section	Operations
Policy No.	4-2
Revised	April 10,2018

Following each and every patient transport, whether 911, inter-facility, or flight crew transport, the following duties must be performed prior from departure from Ennis Ambulance barn:

1. Clean and disinfect the interior of the ambulance
2. Mop the interior of the ambulance
3. Clean the exterior of the ambulance
4. Restock the ambulance
5. The individual having patient care must complete and sign the PCR
6. Add DEF to ambulance 2 if needed

If for some reason the crew is unable to restock the ambulance, the crew must provide a list of the item needed for the ambulance to be placed back in service. The ambulance requiring items must be identified and identifiable by other crews, so the ambulance is not inadvertently placed in service.

Title	Medical Equipment Inspections
Section	Operations
Policy No.	4-3
Revised	April 10,2018

All medical equipment shall be inspected monthly to ensure equipment is in good condition and functioning properly. This equipment includes but is not limited to, cardiac monitors, pulse oximeters, glucometers. Defibrillators should be inspected, and a user test performed.

Title	Vehicle Inspections- Monthly
Section	Operations
Policy No.	4-4
Revised	April 10, 2018

All ambulances shall be inspected monthly basis to ensure all vehicles and vehicle equipment is in good working condition and functioning properly. A monthly inspection report will be completed by a crew member. Any vehicle or equipment issues will be reported to the Ambulance Manager.

Title	Duty to Treat and Transport / Patient Refusal
Section	Operations
Policy No.	4-5
Revised	April 10,2018

Duty to Treat and Transport

At all times and at a minimum, all 911 patients must be transported to the nearest facility.

Transport of a Deceased Person

No Ennis Ambulance Service vehicle will transport a dead body, except in special circumstances when it is in the best interest of public health and/ or safety to do so when ordered to do so by an appropriate authority.

Patient Refusal

Transport Refusal

Occasionally, a 911 patient may refuse transport to the hospital. Patient refusal shall be dealt with in accordance with applicable Protocols.

Patient must sign refusal form, located in the clipboard in the ambulance. If the patient refuses to sign the refusal form it shall be documented and witnessed and explained in the report narrative.

Title	Drivers Training
Section	Operations
Policy No.	4-6
Revised	April 10, 2018

No member shall drive in an emergent fashion (lights and sirens) without completing an approved EVOC training program accepted by Ennis Ambulance Service.

Any member who drives a Town of Ennis vehicle shall have a valid driver license.

Title Motor Vehicle Policy, Generally
Section Operations
Policy No. 4-7
Revised April 10,2018

The purpose of this policy is to ensure the safety of those individuals who drive company vehicles. Vehicle accidents are costly, but more importantly, they may result in injury to you or others. It is the drivers' responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage. Ennis Ambulance endorses all applicable state motor vehicle regulations relating to driver responsibility. Ennis Ambulance expects each driver to drive in a safe and courteous manner and to follow the laws of the state. The attitude you take behind the wheel is the most single important factor when driving.

Company vehicles are to be driven by authorized Ennis Ambulance Members only. No family members are authorized to drive Ennis Ambulance vehicles. Company vehicles are to be driven for company business only.

If a patient has a family member ride with them on a run, the family member shall ride in the front passenger seat and wear a seatbelt.

All accidents involving Ennis Ambulance, regardless of the severity, will be reported to the police and your manager. Failing to stop or failure to report an accident may result in disciplinary action.

All drivers and passengers operating or riding in Ennis Ambulance vehicles will wear seatbelts. Drivers are responsible for the security of the ambulances used by them. The vehicle engine must be shut off, ignition keys removed, and vehicle doors locked whenever the vehicle is left unattended. Report any mechanical problems or repairs to the Manager or Captain.

Title	Policy and Procedure for Driving
Section	Operations
Policy No.	4-7-1
Revised	April 10, 2018

CODE 1 Dispatches or Transports: Units responding to a call or transporting patients to a medical facility code 1 or non-emergent will travel without utilizing lights and sirens. All traffic laws must be followed.

CODE 2 (High Priority), 3 (Lights & Sirens) Dispatches or Code 3 Transports: Units responding to a call or transporting a patient in an emergent fashion will utilize emergency warning lights and sirens. The maximum speed allowed will be (5) five miles per hour over the posted speed limit within an incorporated town or city limits, provided traffic and road conditions warrant. And (10) ten miles per hour over the posted speed limit outside of an incorporated town or city limits. Before entering the intersection, the operator must reduce speed of the vehicle to be able to stop the vehicle if necessary to permit such safe passage. **The ambulance must come to a complete stop if the ambulance has a red signal or stop sign.** Driver may proceed through the intersection only after making sure all other traffic and pedestrians have yielded the right-of-way.

Drivers shall operate the vehicle in a reasonable and prudent manner at all times, taking into consideration traffic and road conditions.

It will be up to the Crew member providing care to the patient to decide what Code is driven to the hospital.

- ABSOLUTLY NO CREW MEMBERS WILL DRIVE MORE THAN 10 MPH OVER THE POSTED SPEED LIMIT AT ANY GIVEN TIME.
- SEATBELTS NEED TO BE WORN AT ALL TIMES BY CREW AND OTHERS WHILE IN THE AMBULANCE
- ANY OTHER PERSONS IN THE AMBULANCE NEED TO BE SEATBELTED IN THE FRONT SEAT

- ALL PERSONNEL WILL DRIVE WITH DUE REGARD AT ALL TIMES
- THERE IS TO BE NO USE OF CELL PHONES WHILE DRIVING AT ANY TIME
- IF YOU ARE BACKING A VEHICLE, SOMEONE MUST SPOT YOU IN THIS PROCESS

**** There are no exceptions to any of these rules while driving. If you choose to not follow this policy, disciplinary action will be taken as well as possible termination.**

Title	Safe Driving Guidelines, Generally
Section	Operations
Policy No.	4-7-2
Revised	April 10, 2018

THE AMBULANCE OPERATOR'S PRIMARY RESPONSIBILITY IS THE SAFE TRANSPORT OF THE PATIENT. DO NOT RISK AN ACCIDENT OR INJURY.

Smooth driving refers to driving that will not stress or traumatize the patient, permitting the attendant to safely provide medical care to the patient.

REMEMBER, YOU ARE THE PERSON WHO IS IN CONTROL OF SAFETY WHEN RESPONDING OR TRANSPORTING ON A PRIORITY.

No medical emergency, however severe, justifies driving in a manner that risk loss of control of the vehicle, or that relies on other drivers or pedestrians to react ideally.

A decision to transport emergently must be based upon reasonable cause to believe that the medical emergency justifies the risk incurred when demanding the right-of-way through traffic. However, any doubts as to the seriousness of the emergency must be resolved in favor of the patient.

All personnel should be aware that high-speed transportation of patients is often unnecessary, and sometimes harmful. A high-speed transport with its associated noise, sudden starts, stops and sway can:

- Frighten the patient
- Put a stabilized patient into shock
- Disrupt ongoing medical treatment or injure personnel providing treatment
- Aggravate certain medical conditions sufficient to cause death or permanent disability to the patient (e.g. spinal injuries, serious fractures, and heart attacks)

“Smooth driving” principles should be observed at all times. Smooth driving refers to driving that will not stress or traumatize the patient, permitting the attendant to safely provide medical care.

Sufficient notice of the ambulance’s approach must be given to allow other motorists and pedestrians to yield right-of-way. Proper use of signaling equipment is, by itself, not enough. You should always presume the other drivers do not hear the siren under most conditions, particularly at an intersection. Be aware that other drivers often have difficulty in locating the source of the siren.

NEVER ASSUME THAT THE USE OF LIGHTS AND SIREN WILL CLEAR THE WAY THROUGH TRAFFIC OR THAT A MOTORIST OR PEDESTRIAN IN THE VICINITY WILL DO WHAT IS EXPECTED AFTER BECOMING AWARE OF THE AMBULANCE, WATCH FOR THE REACTION OF OTHER VEHICLES AND PEOPLE TO THE SIREN AND BE PERPARED TO MANEUVER ACCORDINGLY.

An ambulance operator must anticipate hazards during emergency operation, they include:

- Blind intersections
- Driveways
- Motorists with impaired hearing
- Inattentive drivers and
- Pedestrians

An ambulance transporting a stable patient should never travel over the posted speed limit. Regardless of the patient’s condition, never travel at a speed that does not permit complete control of the vehicle at all times.

ALL DRIVERS MUST DRIVE WITH “DUE REGARD” FOR THE SAFETY OF OTHERS

State vehicle statues provide special privileges to an operator of an emergency vehicle. However, this does not relieve the operator from the duty and responsibility to drive with due regard for the safety of others. A driver can be cited or held personally liable for damages if he or she exercises this privilege without justifiable cause or in an imprudent manner.

Title	Inclement Weather/ Road Conditions Operations
Section	Operations
Policy No.	4-8
Revised	April 10, 2018

911 calls will be handled in the safest manner possible including requesting assistance from Emergency Management, city, county and state highway departments.

Title	Reflective Vests/ Coats
Section	Operations
Policy No.	4-9
Revised	April 10, 2018

All members shall wear the supplied DOT approved reflective scene vests / or winter coats when operating on any roadway, street, country road, highway or interstate.

Failure to do so will result in disciplinary action.

Title	Cell Phone Usage
Section	Operations
Policy No.	4-10
Revised	April 10,2018

Cell phone usage and text messaging is prohibited while driving. If a driver must use a cell phone, find a safe place to pull over and stop to complete the call. Drivers must take into consideration the necessity of the phone call, response or transport mode and patient condition. Use radio communications when possible.

Title	Passengers / Seatbelts and Safety Restraints
Section	Operations
Policy No.	4-11
Revised	April 10, 2018

Parent/ Guardian/ Family Member

Any parent, guardian, or family member requesting to accompany a minor child in the ambulance shall be allowed to do so, unless it is determined that this would hinder patient care (i.e. the parent is uncontrollably upset). If a parent is denied the right to accompany a child, the reason(s) must be completely and thoroughly documented on the trip report.

Third Party Passengers

DURING PATIENT TRANSPORT/ TREATMENT

The following individuals are the only persons authorized to travel in an Ennis Ambulance when a patient is being transported/ treated:

- Ennis Ambulance Personnel
- Healthcare providers giving care to the patient during the transport
- Family member to the patient

SEATBELTS and SAFETY RESTRAINTS

ALL CREW MEMBERS, THIRD PARTY RIDERS, FAMILY MEMBERS, AND PATIENTS RIDING IN ANY ENNIS AMBULANCE ARE REQUIRED TO WEAR THEIR SEATBELTS OR SAFETY RESTRAINTS. THE ONLY ACCEPTION TO THIS IS THE ATTENDANT WHO MAY BE UNRESTRAINED ONLY TO ADMINISTER PATIENT CARE.

Title	Patient Confidentiality
Section	Operations
Policy No.	4-12
Revised	April 10, 2018

All Ennis Ambulance Members must be aware of patient confidentiality issues at all times and comply with Montana Code Annotated Law.

Discussing any information regarding the care or circumstances of any patient care is strictly prohibited.

Do not discuss patient information in any public place.

ALWAYS CONSIDER AND RESPECT THE PRIVACY OF EVERY PATIENT, NO MATTER WHAT HIS OR HER CONDITION. ALWAYS PROTECT A PATIENTS MODESTY AS MUCH AS POSSIBLE, KEEP THE PATIENT COVERED, AND BE AWARE OF THEIR CIRCUMSTANCES AND FEELINGS.

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. Ennis Ambulance prohibits the release of any patient information to anyone outside of the organization, unless required for purposes of treatment, payment, or healthcare operations. Additionally, discussions of Protected Health Information (PHI) within Ennis Ambulance should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for treatment of the patient, billing and other essential health care operations, peer review, internal audits and quality assurance activities.

Ennis Ambulance provides services to patients that are private and confidential, and you are a critical step in respecting privacy rights of Ennis Ambulance patients. In the rendering of EMS, patients provide personal information and that such information may exist in a variety of forms, such as electronic, oral, written, or photographic, and that all such information is strictly confidential and protected by Federal and State laws.

Title	Reports and Documentation
Section	Operations
Policy No.	4-13
Revised	April 10, 2018

Immediately upon transfer of patient care to the receiving medical facility the EMS crew in its entirety shall return to the Ambulance Station to place the ambulance back into service and complete all necessary reports.

Overview

Documentation is vital to our operation and your duties. The attendant on the call is responsible for completing the documentation. However, both crew members are responsible for its content. If you have problems or questions, do not hesitate to ask for help from your partner or the manager. Proper documentation is essential for billing purposes and for proper patient care follow up.

Your documentation should be completed during or immediately after returning to service after each and every call. This is the best time to write your narrative and document what occurred on the call.

REMEMBER, IF YOU DO NOT DOCUMENT IT; IT DID NOT HAPPEN, OR YOU DID NOT DO IT AT ALL.

Documentation, Generally

Proper documentation will clearly explain what you did for the patient and why. It will also include pertinent negatives to show that you looked for and did not find certain things. Your documentation serves as the justification for the services provided and not provided by you. Properly documenting a call can discourage or defeat claims, allegations, or charges made against you before they begin. It is your first line of defense if issues or questions arise at a later date.

Complete, precise documentation is essential in order for Ennis Ambulance to be paid for the quality service that we provide. Insurance companies, Medicare, and other third-party payers are setting stringent policies regarding reimbursement for ambulance transportation, making documentation that much more important.

The determination of whether the ambulance was medically necessary is predominately based on your documentation.

If you cannot obtain certain information, be sure to explain why on the documentation. It is just as important to document what you did not do as it is to document what you did do.

Most of the documents you complete become legal medical records. Document facts only, do not add assumptions, personal beliefs, or editorial comments.

DOCUMENT EVERYTHING EXACTLY AS IT HAPPENED ON THE CALL

ALL INFORMATION CONTAINED IN THESE RECORDS IS STRICTLY CONFIDENTIAL.

Title	Paging Equipment
Section	Operations
Policy No.	4-14

It is the policy of Ennis Ambulance that all Radio Paging Equipment be only in the possession of the assigned member and that the equipment be maintained in proper working condition always.

A list of all members and the pager and/ or radio assigned to them will be kept in the Ennis Ambulance files for reference. Any needed repair of pager and/or radio malfunction is to be reported to the Ennis Ambulance manager immediately upon detection. If repairs are needed another pager/ radio can be temporarily assigned by the manager, if available.

Title	MCSO Paging Policy
Section	Operations
Policy No.	4-15

In the event that Ennis Ambulance is unable to get a full certified responding crew for an EMERGENT run, after (9) nine minutes, consisting of (3) three pages of no response from Ennis Ambulance, we are requesting MCSO page Ruby Valley Ambulance Service for calls within Ennis City limits and a 15-mile radius. Calls south of Cameron request for Hebgen Basin Fire District respond. Calls north of McAllister request for (Three Forks, Whitehall or Bozeman)